

MARYLAND COMMISSION ON KIDNEY DISEASE
OPEN SESSION MINUTES
Thursday January 29, 2004
4201 Patterson Avenue, Room 110

Commission members present were: Drs. Jeffrey Fink, Joseph Eustace, Jose Almario, Roland Einhorn, Kenneth Yim, Dean Taylor, Mr. Isaac Joe, Jr., Esq., Margery Pozefsky, Marianne Andrews, RN, Tracey Mooney, CPA, and Terencia Davenport. **Staff present were:** Eva Schwartz, Executive Director, Joel Tornari, AAG, Commission Counsel, Carol Manning, KDP, Barbara Stevens, RN, OHCQ, Corrie Galubandi, RN, OHCQ and Donna Adcock, RN, Commission Surveyor.

Guests present were:

Bill Frederick-Holy Cross	Ellie Stewart, UMH Dialysis
Karen Lambrecht-Amgen	Vanessa Ajay- Maryland General
Art Mosley- Gambro	Linda Gordon- Holy Cross
Maria Luzarraga-McDonough	Timah Ruketts- Deer's Head
Sue Wessells- Deer's Head	Rachel Boro- Porter
Chondas Smith Wallace-Deer's Head	Pearl Lewis- Patient Advocacy Group
Joan Rogers- IDF	Mitra Noubahar- Davita
Bob Ward- FMC	Christopher Simon- IDF
Clifford Madden- Porter	Kim Blair- Porter
Linda Schuler- Porter	Ethel Shiancoe- Gambro
Jim Straight- NKF/NCA	Angie Muir- Hopkins
Jeannine Barget- Hopkins	

The Open Meeting commenced at 2:10 PM.

I. APPROVAL of OCTOBER 23, 2003 OPEN SESSION MINUTES

The Commission approved the Open Session minutes as submitted.

II. CHAIRMAN'S REPORT

Dr. Fink welcomed the Commission's newest member, Ms. Terencia Davenport. He informed the group that the Commission has worked collaboratively with the KPD to research ways to cut expenditures from the Program without negatively impacting patients. The cuts were requested by the Department of Budget Management. Additional cuts may be considered by the Legislature during the 2004 Budget Hearings. Dr. Fink thanked Mrs. Schwartz and Mrs. Mooney for their work on this collaborative effort.

III. EXECUTIVE DIRECTOR'S REPORT

Mrs. Schwartz reported that the Commission has been made aware of illegal aliens arriving at hospital emergency rooms directly from airports. Mrs. Lewis noted that the illegal aliens are covered for emergent dialysis under the Emergency Alien Medicaid Rule. These patients must be recertified every 3 months. The Commission expressed concern about access to long term placement for these patients.

IV. OLD BUSINESS

A. Final Regulations

Mrs. Schwartz noted that the amended Commission Regulations were published in the Maryland Register on December 12, 2003 with an effective Final Regulations date of December 22, 2003. The Commission's COMAR will be printed and distributed to all in booklet format. In the interim, the regulations are available on the Commission website @ www.mdckd.org.

B. Status of KDP Patients enrolled in the Pharmacy Discount Program

Mrs. Lewis discussed the Guaranteed Available Prescription Program (GAP). This program is made available through Northern Pharmacy; it provides ESRD medications to patients and can become effective at the time of KDP application. Eight hundred patients are currently in the program, thus assuring patients' access to their medications.

C. Commission Website

Mrs. Adcock reported that the Commission website, www.mdckd.org, is up and running. The website includes Commission Regulations, New Facility Paperwork, Complaint Forms, Meeting Dates and copies of the Newsletters. Discussion ensued and Mrs. Schwartz requested that guests and Commissioners make comments and suggestions for additions to the website.

D. Nursing Assessments

Mrs. Adcock reported that the Commission has received clarification From MBON regarding patient assessments. Barbara Newman, RN, Director of Nurse Practice, MBON, stated that the pre-dialysis assessment (each treatment) must be done by a RN.

IV. NEW BUSINESS

A. KDP Statistics and Budget

Ms. Manning presented and discussed the KDP Budget, Statistics, and Expenditure Reports. She informed the group that the KDP is working towards implementing an electronic claims management system. The KDP expects the new system to be available by the end of March. Ms. Manning noted that the new system would allow providers to submit bills on-line, increase speed of payments, check patient certification and allow providers to check the status of payments. She reported that the certification and recertification applications are still backlogged and encouraged the group to have patients submit applications as soon as possible to avoid lapses in coverage.

B. Removal of Medication from KDP Formulary

Mrs. Adcock reported that the KDP has eliminated Benicar from the formulary. Dr. Yim noted that there are acceptable alternatives for this medication. The manufacturer of this medication, Sankyo Pharma, has declined to participate in the State's pharmacy rebate program

Dr. Yim introduced the KDP Formulary List of covered medications. The renal providers in the community requested that the KDP formulary be put into a user-friendly format. Ms. Manning noted that she would seek approval for the list as submitted by Dr. Yim, from the Program management. The list is not inclusive but contains the most commonly prescribed drugs that are covered by KDP. When approved, the list will be mailed to each certified facility. Mrs. Schwartz thanked Dr. Yim for his work on this extensive project.

C. Proposed changes in the KDP Program

Mrs. Schwartz reported that the Commission was asked by DHMH to offer input to evaluate proposed cuts to the KDP. The Department of Budget Management has requested the cuts in the Program. The negotiated agreement proposes to eliminate KDP payment for Medicaid prescription co-pays for dually eligible Medicaid/KDP patients only. Ms. Manning reported that the KDP anticipates July 1, 2004 as the date for the implementation of the cuts to be effected by upcoming promulgated regulations. Mrs. Schwartz thanked the Program for the opportunity afforded the Commission to provide input into this decision making process. Additionally, she thanked Dr. Fink, Dr. Eustace and Tracey Mooney for their time and advice.

D. Pharmacy Regulations regarding Home Dialysis Distribution Programs

Mrs. Schwartz reported that the Board of Pharmacy requested the Commission's input on revising their regulations regarding the Home Dialysis Distribution Programs. Currently the regulations require the programs to obtain a home dialysis distribution permit. The Commission noted that the section is obsolete and should be repealed. The Board of Pharmacy was informed of such.

E. Governor's Report

Mrs. Schwartz requested that the Commissioners review the document and respond with any comments by Monday, February 2, 2004. The report will be sent to the Governor's office and be available to the public.

F. Monitoring Dialysis Outcomes

Mrs. Adcock introduced the concept of monitoring facilities with poor outcomes. Discussion ensued and the Commissioners agreed that the effort would be duplication of the efforts of the Mid-Atlantic Renal Coalition. It became evident from the discussion that the Commission does not have the resources to effectively monitor some outcomes.

G. Corrective Action Plans

Mrs. Adcock introduced a standardized form that facilities will have to utilize when submitting Corrective Action Plans. The Commission concurred and approved the form. The form is available on the website.

H. Home Hemodialysis Training Facilities

Mrs. Adcock asked the guests about the existence of Home Hemodialysis Training Programs. The Commission has had some inquires about these programs. Three programs were identified: IDF Chestnut, FMC Leonardtown and FMC Waldorf. Ms. Stevens noted that CMS has suspended approval of any new Home Hemodialysis Training Programs.

I. LPN Regulations

Mrs. Adcock noted that the Maryland Board of Nursing has new regulations that allow the LPN to administer certain IVP medications, under the direct supervision of the RN. The medications include: EPO, IV iron, saline, anticoagulant agents, vitamin D products and anti-emetics.

J. Transferring Abusive/Dangerous Patients

Dr. Einhorn discussed the transfer of difficult, abusive and potentially abusive patients that are being dialyzed. He noted that the transferring facility has an ethical obligation to give that information to the receiving facility. He requested integrity and honesty when transferring patients and introduced the concept that an accepting facility take patients as transients for a period of time. The topic will be revisited at the next meeting.

K. New Facility Certification

Mrs. Schwartz noted that there are facilities that have opened and that have not applied for Commission certification. She requested input from the guests about reasons these facilities have yet to certify. Discussion ensued and many noted that there are months before facilities are receiving their Medicaid/Medicare provider numbers, thus they are not eligible for KDP reimbursements without those provider numbers, subsequently the delay in the request for certification.

L. Facilities Applying for Certification

No new facilities have applied for certification.

M. Facilities Closed

The Commission has been notified that the following facilities are closed:

- CKC- Elkton- 9/10/03
- CKC- Edgewood- 12/03
- CKC- Riverview- 12/10/03
- Porter Lorien Frankford 2/5/04

N. Complaints

Mrs. Schwartz reported that the Commission has received and investigated the following types of complaints since the last meeting:

Written

- Facility complaint regarding non-compliant patient
- Patient’s significant other complaint regarding inadequate fluid management
- Facility complaint regarding verbally abusive patient
- Property Management company complaint regarding home dialysis patient’s waste disposal

Verbal

- Facility social worker complaint regarding KDP ruling
- Facility’s complaint regarding a verbally abusive patient
- Facility’s social worker complaint regarding a hospital’s discharge plan

O. Citation Free Surveys

Mrs. Schwartz commended, Porter Rosedale, for their citation free survey.

P. Commission Approval/Disapproval for KDP Transplant Reimbursement

The following Hospitals have been granted out of state transplant approvals since the last meeting:

Hospital	Granted	Refused
Washington Hospital Center	3	0
Inova Transplant Center @ Fairfax Hosp	0	0
Georgetown University Hospital	1	0

Q. Surveys

The Commissioners reviewed the results of the surveys and the deficiencies noted. Mrs. Schwartz spoke about the need for follow-up by the Commission to assure compliance and adherence to corrective action plans.

Deficiencies

Licensure/ State Laws	2
Governing Body	1
Reports/Incidents	2
Health Supervision	2
Inservice Education Programs	1
Patient Care Policies/Procedures	2
Medical Supervision	0
Long Term Program/Care Plan	11
Patient Rights/Responsibilities	0
Medical Records	6
Physical Environment	3
Preventive Maintenance Programs	1
Water Culture Reports/Water System	9
Contamination Prevention	3
Emergency Preparedness	3
Reuse of Hemodialyzers/Supplies	2
Affiliation Agreements	0
Director of Dialysis Center	0
Staff: RN Coverage	5
Laboratory Services	0
Dietetic Services	0
Social Services	1
Transplantation by Affiliation	0
Abusive and Dangerous Patients	0

R. Surveys Completed

The following facilities have been surveyed since the last meeting:

GHC Cedar Lane	GHC Howard County
Porter Rosedale	Silver Spring Artificial Kidney Center
IDF Arundel	Davita Rivertowne
GHC Clinton	GHC Beltsville
Davita Rockville	RCM Lanham
RCM Takoma	Community Dialysis
Good Samaritan	GHC N. Rolling Road
Davita Harford Road	University of Maryland Dialysis
Davita Downtown	

It was concluded that the surveys as presented were accepted. If appropriate, follow up corrective action plans can be discussed in the closed session.

CLOSED SESSION: Pursuant to Maryland State Government Annotated "10-501 et seq., on a motion made by Dr. Jeffrey Fink and seconded by Tracey Mooney, the Commission unanimously voted to close its meeting on January 29, 2004 at 4:10 p.m., in room 110 for the purpose of complying with the Maryland Medical Practice Act that prevents public disclosures about particular proceedings or matters.